

## Foster Family Home - Corrective Action Report

Provider ID: 1-561581

Home Name: Lily Mendoza, CNA

Review ID: 1-561581-7

91-960 Komana Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/20/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

*re inspection*  
6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

*Jackie Chamberlain RN*  
\_\_\_\_\_  
Compliance Manager

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*11/20/19*  
\_\_\_\_\_  
Date

*11/20/19*  
\_\_\_\_\_  
Date